

EXHIBIT A

0

North Carolina Division of Motor Vehicles
TITLE APPLICATION

CHECK Appropriate Block/s (Application cannot be processed without certification of services)

- ☐ Title Only – Vehicle Not in Operation ☐ Truck Weight Desired _____
(This includes the truck, trailer and load) For Hire Vehicle
☐ Yes or ☐ No
- ☐ Title and License Plate
Class of License _____ ☒ Plate No. Transferred 7225130 10/31/2019
(List Plate Number and Expiration)
- ☐ Inoperable Vehicle – Vehicle substantially disassembled
and unfit or unsafe to be operated on the highway ☐ Limited Registration Plate
(When property taxes are deferred)
- I certify that all the above information is correct. ABH (Customer's Initials)

VEHICLE SECTION

YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE	ODOMETER READING
2016	BMW	Sedan	3 Series	WBA8E9G54GNT46394	Gas	35,447

OWNER SECTION

Owner 1 ID # 28084558 ARTHUR B HILL
Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name

Owner 2 ID # _____
Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name

Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block: Yes No

Residence Address (Individual) Business Address (Firm) City and State Zip Code
2849 Trestle Ct Sw CONCORD NC 28025

Mail Address (if different from above) City and State Zip Code

Vehicle Location Address (if different from residence address above) City and State Zip Code Tax County
Cabarrus

LIEN SECTION

FIRST LIEN		SECOND LIEN	
Date of Lien <u>8/17/2019</u>	ACCOUNT # _____	Date of Lien _____	ACCOUNT # _____
Lienholder ID # <u>48411290</u>	Lienholder Name <u>Carvana LLC</u>	Lienholder ID # _____	Lienholder Name _____
Address <u>PO Box 29002</u>		Address _____	
City <u>Phoenix</u> State <u>AZ</u> Zip Code <u>85038-9002</u>		City _____ State _____ Zip Code _____	

I certify for the motor vehicle described above that I have financial responsibility as required by law.

Guico 400 240 4735
Insurance Company authorized in N.C. Policy Number

Purchased <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Purchase Date <u>8/17/2019</u>	From Whom Purchased (Name and Address) <u>Carvana LLC, 3631 South Blvd, Charlotte, NC 28209</u>	N.C. Dealer No. <u>0077992</u>	Is this vehicle leased? If Yes, Attach Form MVR-330 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment # _____
--	-----------------------------------	--	-----------------------------------	---	-------------------

DISCLOSURE SECTION

All motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked.
☐ I (We) would like the personal information contained in this application to be available for disclosure.

APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.

I (we) am (are) the owner(s) of the vehicle described on this application and request that a North Carolina Certificate of Title be issued. I (we) certify that the information on the application is correct to the best of my (our) knowledge. The vehicle is subject to the liens named and no others. If a registration plate is issued or transferred, I (we) further certify that there has not been a registration plate revocation and that liability insurance is in effect on this vehicle on the date of this application as required by the North Carolina Financial Security Act of 1957.

OWNER'S SIGNATURE Arthur B Hill
Date 8/17/2019 County Mecklenburg State North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: Arthur B. Hill (name(s) of principal(s)).

Notary Signature [Signature] Notary Printed or Typed Name Denish D'mara Bell
My Commission Expires October 16, 2021



CRVNA00020